

the past year, Mr. Hoar has traveled on 4 different occasions to Bosnia and Herzegovina to promote education for democracy instruction in the schools.

Mr. Speaker, I wish to comment Jack Hoar for his dedication and commitment during the CIVITAS@Bosnia-Herzegovina summer training program. His work is helping to achieve the overall objective of building support for democracy in Bosnia and Herzegovina.

PEOPLE ARE NOT FOR HITTING

HON. ANDREW JACOBS, JR.

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. JACOBS. Mr. Speaker, the Menninger Clinic published a book awhile back entitled "People are Not for Hitting".

I have rarely seen a little boy hit another child without mumbling, you are a bad boy. As people grow older, they become more subtle about explaining their violence. But as the parent's creed says, "The child who lives with violence, learns to do violence."

The old saying is, spare the rod, spoil the child. Since there are innumerable ways to discipline and even punish children, the saying should be, spare the discipline, spoil the child. In fact, spoiling is one of the worst things you can do to a child. I call it the gentle brutality.

Here is what George Bernard Shaw said: "If you strike a child, take care that you do so in anger. * * * A blow struck in cold blood neither can nor ever should be forgiven."

The following statement by Meadow D'Arcy was published in Parade on September 15, 1996. It is excellent.

I feel that hitting children is a disgrace—something we will hang our heads in shame about in the future, as we do now with racism and sexism. We will be forced to tell our children how we were ignorant and simply did not know any better.

I know some one who hits her kids, and you can see the hurt and anger in their faces. Their mother believes that her older boy is a just plain bad kid and that hitting him is the only way to get him to stop doing things. He does do bad things. You can tell him something 20 times and he still won't listen. But I believe she created him. I believe that the badness is a result of the whippings, not the other way around.

We tell our children not to hit—by hitting them. But when we strike a child, we create a child full of fear, hatred and anger. Every time a child is hit, she gets a lesson in how to deal with her emotions. When faced with frustrations, she will hit too.

Image if you broke something at work and your boss slapped you. How would you feel? Humiliated, of course. We see our spankings as different. Why? We all agree that it is wrong for a man to hit a woman. But when it comes to children, we just shrug and say that it is part of growing up.

Children are becoming more and more violent with each other and with you and me. We blame this on so many sources but refuse to face the facts.

TRIBUTE TO LACASA

HON. PETER J. VISCLOSKEY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. VISCLOSKEY. Mr. Speaker, I would like to commend the Latin American Community Alliance for Support and Assistance of Northwest Indiana, Inc. [LACASA], its board of directors, and its administrator, Ms. June Long, on LACASA's first annual fundraiser dinner. LACASA, whose office is located in Gary, IN, will hold this monumental event on Saturday, September 28, 1996, at the Patio Restaurant in Merrillville, IN.

The LACASA Board of Directors Officers include: Mrs. Aida Padilla, president and director of the Senior Companion Program; Mrs. Julie Tanis, vice president and public school teacher; Mr. Joaquin Rodriguez, secretary and community advocate; and Mr. Ray Acevedo, treasurer and photographer. Members of the board of directors include: Mrs. Bertha Cardenas, Mrs. Hortencia Hernandez, Mrs. Maria Magana, Mrs. Socorro Roman, Mr. Roeman Whitesell, Ms. Jeannette Hinton Padgett, Ms. Maria Vasquez, Mr. Martin Valtierra, Mr. Ben Luna, Mrs. Maria Lopez, Mrs. Mary Jean Maloney, and Ms. Finis Springer.

LACASA, which was organized in 1994, is dedicated to serving the Hispanic residents of northwest Indiana who experience difficulty in obtaining needed social and educational services. It serves northwest Indiana's Hispanic residents, who comprise 52 percent of the total population in this area, with quality services to meet their special needs.

Special programs that LACASA offers are: adult education, offered at various levels from basic adult education to preparation for the high school equivalency test; Head Start, which provides parenting skills training and an opportunity for parents to become empowered in the education of their children; and Access Assistance, which includes a food pantry, learning job search skills, and youth personal leadership and high school preparation instruction.

While LACASA already provides several beneficial services, it has plans to continue to improve the quality of life for northwest Indiana's Hispanic population. For those in need, LACASA hopes to provide transportation services to its programs, as well as agencies where its clients are referred. It would also like to offer tutoring services for Hispanic youth and establish health stations in an effort to assist Hispanic families in understanding their basic health needs and inform them about how to access the existing health care system. Finally, LACASA hopes to expand its services to the elderly, by familiarizing them with in-home care options to prevent unnecessary institutionalization.

LACASA is funded and receives support from the city of Gary-Community Development Block Grant, Lake Area United Way, Health and Human Services-ACYF, Gary Community School Corp., National Hispanic Institute, U.S. Hispanic Leadership Institute, Indiana Literacy Foundation, and Kankakee Workforce Development Services.

Mr. Speaker, I ask you and my other distinguished colleagues to join me in commending LACASA. This fine organization should be congratulated on its continuing efforts to pre-

serve the Hispanic culture, while at the same time improving the quality of life for the Hispanic residents of Indiana's First Congressional District. May their first annual fundraiser be a successful and joyous event.

MEDICARE AND OUTPATIENT PHARMACEUTICAL BENEFITS: PROVIDING INCENTIVES FOR COST-EFFECTIVE MEDICALLY APPROPRIATE CARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. STARK. Mr. Speaker, Medicare's limited outpatient pharmaceutical coverage is inhibiting the implementation of cost-effective outpatient treatments that could benefit patients. Over the past decades, a shift of healthcare from the inpatient to the outpatient setting has occurred. The implementation of Medicare's Prospective Payment System in 1983 provided a strong incentive for hospitals to decrease patients' lengths of stay. Outpatient treatment, when appropriate, is generally much more cost effective than inpatient treatment. Although further shifts in inpatient to outpatient treatment for some conditions may be medically appropriate, the lack of Medicare coverage for the necessary outpatient treatment seems to be inhibitory. Medicare policy needs to facilitate medically appropriate, cost-effective treatments in order to keep pace with the 1990's and set the course for the next century. For this reason, I am introducing a bill which directs a review of Medicare payments in order to identify conditions for which provision of an outpatient pharmaceutical benefit would facilitate outpatient rather than inpatient treatment and be cost effective.

An example of Medicare's limited pharmaceutical coverage having an inhibitory effect on cost-effective care is the lack of general coverage for home intravenous antibiotic therapy. Numerous studies have shown that patients with certain diseases requiring prolonged antibiotic therapy can start their treatment in the hospital and then safely and effectively continue it at home. A hospital in Danbury, CT, recently published a cost-benefit analysis of a home intravenous antibiotic therapy program established for Medicare patients but paid for by the hospital itself; the savings to the hospital was found to be \$6,111 per patient on average. If the hospital had not taken the initiative to start the home therapy program, these patients would have had to remain in the hospital, resulting in substantially increased costs.

Although Medicare generally reimburses hospitals on the basis of fixed diagnosis-related group [DRG] payments, it also reimburses an extra amount for patients who stay in the hospital much longer than average and qualify as outliers. Thus for certain patients, some costs due to prolonged hospitalization are shifted to Medicare. Alternatively, the hospital could cut its costs by transferring the patient to another inpatient facility such as a skilled nursing facility to finish treatment. In this case, Medicare still pays extra because it reimburses both the hospital's DRG payment and the receiving facility's expenses for the patient's post-hospitalization extended care.